

STATE OF COLORADO

DEPARTMENT OF REVENUE
Medical Marijuana Enforcement Division

6200 Dahlia Street
Commerce City, CO 80022
(303) 205-8421



July 1, 2010

Bill Ritter, Jr.
Governor

Roxanne Huber
Executive Director

Matt D. Cook
Senior Director

A COMPLETE COPY OF ALL APPLICATIONS FILED WITH THE STATE LICENSING AUTHORITY MUST BE GIVEN TO THE LOCAL LICENSING AUTHORITY ALSO

Thank you for your interest in applying for a medical marijuana license with the Colorado Department of Revenue, Medical Marijuana Enforcement Division (MED). This new regulatory scheme was created with the passage of House Bill 10-1284, and there are key deadlines you must comply with in order for local and state government to accept and process your applications for a license, as follow:

July 1, 2010

Section 12-43.3-103, et. seq., requires that an applicant for a state license either be operating an established, locally approved business (*by July 1, 2010*) for the purpose of cultivation, manufacture, or sale of medical marijuana or medical marijuana infused products OR a person who has applied to a local government to operate a locally approved business (*by July 1, 2010*) for the purpose of cultivation, manufacture, or sale of medical marijuana or medical marijuana-infused products which is subsequently granted may continue to operate that business in accordance with any applicable state or local laws.

August 1, 2010

In order to continue operating, the owner must comply with the July 1, 2010, deadline and shall, on or before August 1, 2010, complete the attached forms as provided by the Department of Revenue and pay a fee. You must have filed an application with the local licensing authority or be a locally approved business on July 1, 2010, in order to file the state applications with the Department of Revenue. If you comply with the requirements of the July 1, 2010, deadline and your local government doesn't approve your local license until after the August 1, 2010, deadline, you may still file the forms and pay the fees with the MED within 30 days of the local approval.

Warning: In addition to any criminal penalties, it is unlawful to continue to operate a business without filing the forms and paying the fees as described above and any violations shall be prima-facie evidence of unsatisfactory character, record, and reputation for any future applications or licenses (see 12-43.3-103(1)(b) C.R.S.)

September 1, 2010

On or before September 1, 2010, a business or operation shall certify that it is cultivating at least 70% of the medical marijuana necessary for its operation. State affidavit provided.

While your application must be approved by both the local and state licensing authorities you must file you state applications with the MED by August 1, 2010 prior to any local licensing authority approval. MED will perform its mandatory background and financial investigations and if approved, the MED will advise the applicant and the local licensing authorities, who must locally approve the application before MED can issue a license.

If approved, the license will be issued on or before July 1, 2011.



COLORADO BUSINESS MEDICAL MARIJUANA LICENSE APPLICATION

Medical Marijuana Enforcement Division

Colorado Medical Marijuana Enforcement Division

Business License Application Instructions

APPLICATION CHECKLIST

- ☐ **1 Application Fully Completed**
Type or clearly print an answer to every question. If a question does not apply to you, indicate so with an N/A. If you are unsure if a question applies to you or what information the form is asking you to provide, contact any Medical Marijuana Enforcement Division office to seek clarification. If the available space is insufficient, continue on a separate sheet and precede each answer with the appropriate title.
- ☐ **2 All Forms Signed & Attached**
The following accompanying forms must be signed and returned with the application:
☐ Affirmation & Consent
☐ Investigation Authorization/Authorization to Release Information
☐ Applicant's Request to Release Information (leave top two lines of form blank)
☐ IRS Form 8821
- ☐ **3 All Requested Information Attached**
The following information requested on the application must be attached, if applicable:
☐ Trade Name Registration
☐ Certificate of Authority from the Colorado Secretary of State's Office
☐ Certified Copy of Articles of Incorporation, including amendments
☐ Articles of Organization, including amendments
☐ Partnership Agreement, including amendments
☐ If corp., annual and bi-annual reports and meeting minutes from past 12 months
☐ Current Uniform Commercial Code Report for all states where known to be filed
☐ All applicable information requested on page 4
NOTE: The Medical Marijuana Enforcement Division reserves the right to request additional information and documentation throughout the course of the background investigation.
- ☐ **4 Applications For Associated Persons Attached**
Submit the following: (1) Associated Person License Application Form (DR8520) for any person holding an ownership interest in either a privately held company or publicly traded corporation, and/or officers and directors, regardless of ownership interest, if any.
- ☐ **5 Application Fees**
Submit appropriate license, application and background fees.
☐ Medical Marijuana Center (Type 1*): \$7,500 application fee
☐ Medical Marijuana Center (Type 2*): \$12,500 application fee
☐ Medical Marijuana Center (Type 3*): \$18,000 application fee
☐ Optional Premises Cultivation License: \$1,250
☐ Medical Marijuana-Infused Products Manufacturer: \$1,250
*Type 1=300 or fewer patients, all Colorado residents; *Type 2=301 to 500 patients;
*Type 3=501 or more patients.
☐ Make check or money order payable to: Colorado Medical Marijuana Enforcement Division.
- ☐ **6 Mail or Bring in Application**
Bring in application and all attachments to: Medical Marijuana Enforcement Division
6200 Dahlia Street
Commerce City, CO 80022

Business License Application

License Types & Fees

(Check only one application type. See Application Checklist for details on license types and fees.)

- | | |
|--|---|
| <input type="checkbox"/> Medical Marijuana Center (Type 1*): \$7,500 application fee | <input type="checkbox"/> Optional Premises Cultivation License: \$1,250 |
| <input type="checkbox"/> Medical Marijuana Center (Type 2*): \$12,500 application fee | <input type="checkbox"/> Medical Marijuana-Infused Products Manufacturer: \$1,250 |
| <input type="checkbox"/> Medical Marijuana Center (Type 3*): \$18,000 application fee. | *Type 1=300 or fewer patients, *Type 2=301 to 500 patients;
*Type 3=501 or more patients |

Applicant's Name (Please Print)	Medical Marijuana License Number (Assigned by Division)
Trade Name (DBA) (Provide Trade Name Registration)	Website Address

Physical Address			
Street Address of Medical Marijuana Business (Required for Retailer Applicants) (Use Appendix A for Optional Premises Cultivation Information)	City	State	ZIP

Business Phone Number ()	Home Phone Number ()	Email Address
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Mailing Address (if different from Business Address)			
Address	City	State	ZIP

On a separate sheet, list all principal places of business for the past 10 years if different from above.

Primary Contact Person for Business	Title	Primary Contact Phone Number ()
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Primary Contact Address (city, state ZIP)	Primary Contact Fax Number ()
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Federal Taxpayer ID	Colorado Sales Tax License #	Email Address
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Type of Business Structure			
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Limited Liability Company
<input type="checkbox"/> C Corporation	<input type="checkbox"/> S Corporation	<input type="checkbox"/> Publicly Traded Corporation	<input type="checkbox"/> Trust <input type="checkbox"/> Other _____

State of Incorporation or Creation of Business Entity	Date
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Date of Qualification to Conduct Business in colorado (Provide Certificate of Authority from the Colorado Secretary of State's Office)

If a Corporation, List all States Where the Corporation is Authorized to Conduct Business

List all Trade Names used by the Business Entity (other than above)

Attach certified copies of all articles of incorporation, bylaws, articles of organization, or a true copy of any partnership or trust agreement, including any and all amendments to such.

If a corporation, attach copies of all annual and bi-annual reports, SEC filings, if any, and all minutes from all corporate meetings for the past 12 months.

Attach current copy of any Uniform Commercial Code Report for all states where known to be filed.

FOR DEPARTMENT OF REVENUE USE ONLY - DO NOT WRITE IN THIS SPACE

Liability Information

County	City	Industry Type	License Account Number	Liability Date	License Issued Through (Expiration Date)
				FROM	TO
State	City	County	Managers Reg		
Cash Fund New License		Cash Fund Transfer License		TOTAL	
				\$.

1. Is the applicant (including any of the partners, if a partnership; members or manager if a limited liability company; or officers, stockholders or directors if a corporation) or manager under the age of twenty-one years?	Yes	No						
2. Has the applicant (including any of the partners, if a partnership; members or manager if a limited liability company; or officers, stockholders or directors if a corporation) or manager ever (in Colorado or any other state); (a) been denied a privileged license (ie: Liquor, Gaming, Racing and Medical Marijuana)? (b) had a privileged license (ie: Liquor, Gaming, Racing and Medical Marijuana) suspended or revoked? (c) had interest in another entity that had a privileged (ie: Liquor, Gaming, Racing and Medical Marijuana) license denied, suspended or revoked? If you answered yes to 2a, b or c, explain in detail on a separate sheet.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>						
3. Has a Medical Marijuana Center license application (same license class), that was located within 1000 feet of the proposed premises, been denied within the preceding two years? If "yes," explain in detail.	<input type="checkbox"/>	<input type="checkbox"/>						
4. Are the premises to be licensed within 1000 feet of a school (as defined in 12-43.3 104 (15) C.R.S.), alcohol or drug treatment facility, principal campus of a college, university, or seminary, or a residential childcare facility?	<input type="checkbox"/>	<input type="checkbox"/>						
5. Has a Medical Marijuana license ever been issued to the applicant (including any of the partners, if a partnership; members or manager if a limited liability company; or officers, stockholders or directors if a corporation)? If yes, identify the name of the business and list any current or former financial interest in said business including any loans to or from a licensee.	<input type="checkbox"/>	<input type="checkbox"/>						
6. Does the applicant of this application, have legal possession of the premises by virtue of ownership, lease or other arrangement? Attach all documentation showing legal possession. Deed, Title, sale or lease agreements etc. <input type="checkbox"/> Ownership <input type="checkbox"/> Lease <input type="checkbox"/> Other (Explain in Detail) _____ (a) If leased, list name of landlord and tenant, and date of expiration, EXACTLY as they appear on the lease: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Landlord</td> <td style="width: 33%;">Tenant</td> <td style="width: 34%;">Expires</td> </tr> <tr> <td style="height: 30px;"></td> <td></td> <td></td> </tr> </table> Attach a diagram of the premises to be licensed and outline or designate the area (including dimensions) which shows the limited access areas, walls, partitions, entrances, exits and what each room shall be utilized for in this business. This diagram should be no larger than 8 1/2" X 11". (It does not have to be to scale)			Landlord	Tenant	Expires			
Landlord	Tenant	Expires						
7. Who, besides the owners listed in this application (including persons, firms, partnerships, corporations, limited liability companies, trusts), will loan or give money, inventory, furniture or equipment to or for use in this business; or who will receive money or profits from this business. Attach a separate sheet if necessary.								
NAME	DATE OF BIRTH	FEIN OR SSN						
Attach copies of all notes and security instruments, and any written agreement, or details of any oral agreement, by which any person (including partnerships, corporations, limited liability companies, etc.) will share in the profit or gross proceeds of this establishment, and any agreement relating to the business which is contingent or conditional in any way by volume, profit, sales, giving of advice or consultation.								
8. Optional Premises Cultivation License Yes No Has the Applicant filed for an Optional Premises License? <input type="checkbox"/> <input type="checkbox"/> What City or County? _____ (Fill out Appendix A completely)								
9. Does the Applicant have evidence of a good and sufficient bond in the amount of \$5000.00 in accordance with 12-43.3-304 C.R.S. (Include evidence with effective date 7-1-2011 with application)? <input type="checkbox"/> <input type="checkbox"/>								

Report And Approval Of Local Licensing Authority (CITY/COUNTY)		
Date application filed with local authority	Date of local authority hearing (if held, for new license applicants; cannot be less than 30 days from date of application 12-43.3-302 (1)) C.R.S.	
THE LOCAL LICENSING AUTHORITY HEREBY AFFIRMS: Yes No <input type="checkbox"/> It has adopted an ordinance or resolution containing specific standards for license issuance prior to July 1, 2011 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Give citation of ordinance or resolution <input type="checkbox"/> Has not adopted an ordinance or resolution and will be using minimum licensing requirements in 12-43.3-Part 3 C.R.S. <input type="checkbox"/> <input type="checkbox"/>		
The foregoing application, the premises, and business to be conducted have been examined. We do report that such license, if granted, will comply with the provisions of Title 12, Article 43.3, C.R.S. THEREFORE, THIS APPLICATION IS APPROVED.		
Local Licensing Authority for	Telephone Number	<input type="checkbox"/> TOWN, CITY <input type="checkbox"/> COUNTY
Signature	Title	Date
Signature (attest)	Title	Date

Applicant's Printed Trade Name (DBA)

OWNERSHIP STRUCTURE

List all persons and/or entities with any ownership interest, and all officers and directors, whether they have ownership interest or not. If an entity (corporation, partnership, LLC, etc.) has interest, list all persons associated with such entity, their ownership in the entity, and their effective ownership in the license. List all parent, holding or other intermediary business interest. An Associated Person License Application form must be submitted for all persons in a privately held company or a publicly traded corporation, and all officers and directors.

Name	Title	SSN/FEIN	DOB	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address	City	State	ZIP	Phone Number ()
Business Associated with (Parent business or sub-entity)		Own. % Business Associated with		Effective Own. % in Applicant

Name	Title	SSN/FEIN	DOB	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address	City	State	ZIP	Phone Number ()
Business Associated with (Parent business or sub-entity)		Own. % Business Associated with		Effective Own. % in Applicant

Name	Title	SSN/FEIN	DOB	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address	City	State	ZIP	Phone Number ()
Business Associated with (Parent business or sub-entity)		Own. % Business Associated with		Effective Own. % in Applicant

Name	Title	SSN/FEIN	DOB	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address	City	State	ZIP	Phone Number ()
Business Associated with (Parent business or sub-entity)		Own. % Business Associated with		Effective Own. % in Applicant

Name	Title	SSN/FEIN	DOB	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address	City	State	ZIP	Phone Number ()
Business Associated with (Parent business or sub-entity)		Own. % Business Associated with		Effective Own. % in Applicant

Name	Title	SSN/FEIN	DOB	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address	City	State	ZIP	Phone Number ()
Business Associated with (Parent business or sub-entity)		Own. % Business Associated with		Effective Own. % in Applicant

Name	Title	SSN/FEIN	DOB	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address	City	State	ZIP	Phone Number ()
Business Associated with (Parent business or sub-entity)		Own. % Business Associated with		Effective Own. % in Applicant

Name	Title	SSN/FEIN	DOB	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address	City	State	ZIP	Phone Number ()
Business Associated with (Parent business or sub-entity)		Own. % Business Associated with		Effective Own. % in Applicant

Name	Title	SSN/FEIN	DOB	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address	City	State	ZIP	Phone Number ()
Business Associated with (Parent business or sub-entity)		Own. % Business Associated with		Effective Own. % in Applicant

Are there any outstanding options and warrants?

☐ Yes ☐ No *If YES, attach list of persons with outstanding options and warrants

Are there any other persons, other than those listed in the Ownership Structure, including but not limited to suppliers, lenders and landlords, who will receive, directly or indirectly, any compensation or rents based upon a percentage or share of gross proceeds or income of the Medical Marijuana business?

☐ Yes ☐ No *If YES, attach list of persons and submit Associate Person License Application forms for each person

Applicant's Printed Trade Name (DBA)

- | | |
|--|--|
| 1. Has the applicant, the applicant's parent company or any other intermediary business entity ever applied for a Medical Marijuana license in this or any other jurisdiction, foreign or domestic, whether or not the license was ever issued? If YES, provide details on a separate sheet, including jurisdiction, type of license, license number, and dates license held or applied for. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Has the applicant, the applicant's parent company or any other intermediary business entity ever been denied a Medical Marijuana license, withdrawn a Medical Marijuana license or had any disciplinary action taken against any Medical Marijuana license that they have held in this or any other jurisdiction, foreign or domestic? If YES, provide details on a separate sheet, including jurisdiction, type of action, and date of action. | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Financial History

- | | |
|---|--|
| 1. Is the applicant, the applicant's parent company or any other intermediary business entity delinquent in the payment of any judgments or tax liabilities due to any governmental agency anywhere? If YES, provide details on a separate sheet and attach any documents to prove settlement or resolution of the delinquency. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Has the applicant, the applicant's parent company or any other intermediary business entity filed a bankruptcy petition in the past 5 years, had such a petition filed against it, or had a receiver, fiscal agent, trustee, reorganization trustee or similar person appointed for it? If YES, provide details on a separate sheet and attach any documents from the bankruptcy court. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Is the applicant, the applicant's parent company or any other intermediary business entity currently a party to, or has it ever been a party to, in any capacity, any business trust instrument? If YES, provide details on a separate sheet. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Has a complaint, judgment, consent decree, settlement or other disposition related to a violation of federal, state or similar foreign antitrust, trade or security law or regulation ever been filed or entered against the applicant, the applicant's parent company or any other intermediary business entity? If YES, provide details on a separate sheet and attach any documents to prove the settlement of any of these issues. Include any items currently under formal dispute or legal appeal. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Has the applicant, the applicant's parent company or any other intermediary business entity been a party to a lawsuit in the past 5 years, either as a plaintiff or defendant, complainant or respondent, or in any other fashion, in this or any other country? If YES, provide details on a separate sheet and attach any documents to prove the settlement of any of these issues. Include any items currently under formal dispute or legal appeal. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Has the applicant, the applicant's parent company or any other intermediary business entity filed a business tax return in the past two years? If YES, attach all business tax returns filed in the past two years. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Has the applicant, the applicant's parent company or any other intermediary business entity completed financial statements, either audited or unaudited, in the past two years? If YES, attach all financial statements completed in the past two years. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Is the business a prospective business or has it recently begun operations? If so, submit an estimated beginning balance sheet (proforma) and a statement of amount(s) and source(s) or funding for the business and specific documentation to support the declaration. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Has any interest or share in the profits of the sale of Medical Marijuana been pledged or hypothecated as security for a debt or deposited as a security for the performance of an act or to secure the performance of a contract? If YES, provide details on a separate sheet. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Attach a list detailing the operating and investment accounts for this business, including financial institution name, address, telephone number, and account number for each account. | |
| 11. Attach a list detailing each outstanding loan and financial obligation obtained for use in this business, including creditor name, address, phone number, loan number, loan amount, loan terms, date acquired, and date due. | |

Person who maintains Applicant's business records	Title
Address	Phone Number ()
Person who prepares Applicant's tax returns, government forms & reports	Title
Address	Phone Number ()

Location of financial books and records for Applicant's business

Affirmation & Consent

I, _____, as an authorized agent for the applicant, state under penalty for offering a false instrument for recording pursuant to 18-5-114 C.R.S. that the entire Associated Person & Associated Key License Application Form, statements, attachments, and supporting schedules are true and correct to the best of my knowledge and belief, and that this statement is executed with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for the refusal to issue a Medical Marijuana license by the State Licensing Authority. Further, I am aware that later discovery of an omission or misrepresentation made in the above statements may be grounds for the denial of a temporary Medical Marijuana application or the revocation of the license. I am voluntarily submitting this application to the Colorado Medical Marijuana Licensing Authority under oath with full knowledge that I may be charged with perjury or other crimes for intentional omissions and misrepresentations pursuant to Colorado law or for offering a false instrument for recording pursuant to 18-5-114 C.R.S. I further consent to any background investigation necessary to determine my present and continuing suitability and that this consent continues as long as I hold a Colorado Medical Marijuana License, and for 90 days following the expiration or surrender of such Medical Marijuana license. Note: If your check is rejected due to insufficient or uncollected funds, the Department of Revenue may collect the payment amount directly from your banking account electronically.

Print Full Legal Agent Name clearly below:

Applicant's Business Name		Trade Name (DBA)	
Legal Agent Last Name (Please Print)	Legal Agent First Name		Legal Agent Middle Name
Signature			Date

Investigation Authorization

Authorization to Release Information

I, _____, as an authorized agent for the applicant, hereby authorize the Colorado Medical Marijuana Licensing Authority, the Medical Marijuana Enforcement Division, (hereafter, the Investigatory Agencies) to conduct a complete investigation into my personal background, using whatever legal means they deem appropriate. I hereby authorize any person or entity contacted by the Investigatory Agencies to provide any and all such information deemed necessary by the Investigatory Agencies. I hereby waive any rights of confidentiality in this regard. I understand that by signing this authorization, a financial record check may be performed. I authorize any financial institution to surrender to the Investigatory Agencies a complete and accurate record of such transactions that may have occurred with that institution, including, but not limited to, internal banking memoranda, past and present loan applications, financial statements and any other documents relating to my personal or business financial records in whatever form and wherever located. I understand that by signing this authorization, a financial record check of my tax filing and tax obligation status may be performed. I authorize the Colorado Department of Revenue to surrender to the Investigatory Agencies a complete and accurate record of any and all tax information or records relating to me. I authorize the Investigatory Agencies to obtain, receive, review, copy, discuss and use any such tax information or documents relating to me. I authorize the release of this type of information, even though such information may be designated as "confidential" or "nonpublic" under the provisions of state or federal laws. I understand that by signing this authorization, a criminal history check will be performed. I authorize the Investigatory Agencies to obtain and use from any source, any information concerning me contained in any type of criminal history record files, wherever located. I understand that the criminal history record files contain records of arrests which may have resulted in a disposition other than a finding of guilt (i.e., dismissed charges, or charges that resulted in a not guilty finding). I understand that the information may contain listings of charges that resulted in suspended imposition of sentence, even though I successfully completed the conditions of said sentence and was discharged pursuant to law. I authorize the release of this type of information, even though this record may be designated as "confidential" or "nonpublic" under the provisions of state or federal laws.

The Investigatory Agencies reserve the right to investigate all relevant information and facts to their satisfaction. I understand that the Investigatory Agencies may conduct a complete and comprehensive investigation to determine the accuracy of all information gathered. However, the State of Colorado, Investigatory Agencies, and other agents or employees of the State of Colorado shall not be held liable for the receipt, use, or dissemination of inaccurate information. I, on behalf of the applicant, its legal representatives, and assigns, hereby release, waive, discharge, and agree to hold harmless, and otherwise waive liability as to the State of Colorado, Investigatory Agencies, and other agents or employees of the State of Colorado for any damages resulting from any use, disclosure, or publication in any manner, other than a willfully unlawful disclosure or publication, of any material or information acquired during inquiries, investigations, or hearings, and hereby authorize the lawful use, disclosure, or publication of this material or information. Any information contained within my application, contained within any financial or personnel record, or otherwise found, obtained, or maintained by the Investigatory Agencies, shall be accessible to law enforcement agents of this or any other state, the government of the United States, or any foreign country.

Print Full Legal Name of Authorized Agent clearly below:

Applicant's Business Name		Trade Name (DBA)	
Legal Agent Last Name (Please Print)	Legal Agent First Name		Legal Agent Middle Name
Legal Agent Title		Signature (Must be signed in front of two witnesses)	

Dated this _____ day of _____, 20_____, at _____
(day) (month) (year) (time)

_____, _____
(city) (state)

Witness 1 Signature	Witness 2 Signature
---------------------	---------------------

Applicant's Request to Release Information

TO: _____

FROM: (Applicant's Printed Name) _____

1. I/We hereby authorize and request all persons to whom this request is presented having information relating to or concerning the above named applicant to furnish such information to a duly appointed agent of the Medical Marijuana Enforcement Division whether or not such information would otherwise be protected from the disclosure by any constitutional, statutory or common law privilege.
2. I/We hereby authorize and request all persons to whom this request is presented having documents relating to or concerning the above named applicant to permit a duly appointed agent of the Medical Marijuana Enforcement Division to review and copy any such documents, whether or not such documents would otherwise be protected from disclosure by any constitutional, statutory, or common law privilege.
3. I/We hereby authorize and request the Colorado Department of Revenue to permit a duly appointed agent of the Medical Marijuana Enforcement Division to obtain, receive, review, copy, discuss and use any such tax information or documents relating to or concerning the above named applicant, whether or not such information or documents would otherwise be protected from disclosure by any constitutional, statutory, or common law privilege.
4. If the person to whom this request is presented is a brokerage firm, bank, savings and loan, or other financial institution or an officer of the same, I/we hereby authorize and request that a duly appointed agent of the Medical Marijuana Enforcement Division be permitted to review and obtain copies of any and all documents, records or correspondence pertaining to me/us, including but no limited to past loan information, notes co-signed by me/us, checking account records, savings deposit records, safe deposit box records, passbook records, and general ledger folio sheets.
5. I/We do hereby make, constitute, and appoint any duly appointed agent of the Colorado Medical Marijuana Enforcement Division, my/our true and lawful attorney in fact for me/us in my/our name, place, stead, and on my/our behalf and for my/our use and benefit:
 - (a) To request, review, copy sign for, or otherwise act for investigative purposes with respect to documents and information in the possession of the person to whom this request is presented as I/we might;
 - (b) To name the person or entity to whom this request is presented and insert that person's name in the appropriate location in this request;
 - (c) To place the name of the agent presenting this request in the appropriate location on this request.
6. I grant to said attorney in fact full power and authority to do, take, and perform all and every act and thing whatsoever requisite, proper, or necessary to be done, in the exercise of any of the rights and powers herein granted, as fully to all intents and purposes as I/we might or could do if personally present, with full power of substitution or revocation, hereby ratifying and confirming all that said attorney in fact, or his substitute or substitutes, shall lawfully do or cause to be done by virtue of this power of attorney and the rights and powers herein granted.
7. This power of attorney ends twenty-four (24) months from the date of execution.
8. The above named applicant has filed with the Colorado Medical Marijuana Licensing Authority an application for a Medical Marijuana license. Said applicant understands that it is seeking the granting of a privilege and acknowledges that the burden of proving its qualifications for a favorable determination is at all times on the applicant. Said applicant accepts any risk of adverse public notice, embarrassment, criticism, or other action of financial loss, which may result from action with respect to this application.
9. I/We do, for myself/ourselves, my/our heirs, executors, administrators, successors, and assigns, hereby release, remise, and forever discharge the person to whom this request is presented, and his agents and employees from all and all manner or actions, causes of action, suits, debts, judgments, executions, claims, and demands whatsoever, known or unknown, in law or equity, which the applicant ever had, now has, may have, or claims to have against the person to whom this request is being presented or his agents or employees arising out of or by reason of complying with the request.
10. I/We agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees from and against all claims, damages, losses, and expenses, including reasonable attorneys' fees arising out of or by reason of complying with this request.
11. A reproduction of this request by photocopying or similar process shall be for all intents and purposes as valid as the original.

Print Full Legal Name of Authorized Agent clearly below:

Legal Agent Last Name (Please Print)	Legal Agent First Name	Legal Agent Middle Name
Legal Agent Title	Signature (Must be signed in front of two witnesses)	
<p>Dated this _____ day of _____, 20____, at _____</p> <p style="text-align: center;">(day) (month) (year) (time)</p> <p style="text-align: center;">_____, _____</p> <p style="text-align: center;">(city) (state)</p>		
Witness 1 Signature	Witness 2 Signature	
Signature of Medical Marijuana Enforcement Division agent presenting this request		Date

Appendix A

Optional Premises Cultivation License

Applicant's Name (Please Print)		Medical Marijuana License Number (Assigned by Division)	
Trade Name (DBA) (Provide Trade Name Registration)		Website Address	
Physical Address			
Street Address of Optional Premises Cultivation		City	State ZIP
Business Phone Number ()	Home Phone Number ()	Email Address	
Mailing Address (if different from Business Address)			
Address		City	State ZIP
On a separate sheet, list all principal places of business for the past 10 years if different from above.			
Primary Contact Person for Business		Title	Primary Contact Phone Number ()
Primary Contact Address (city, state ZIP)		Primary Contact Fax Number ()	
Federal Taxpayer ID	Colorado Sales Tax License #	Email Address	

Does the applicant have legal possession of the premises by virtue of ownership, lease or other arrangement?

☐ Ownership☐ Lease☐ Other (Explain in Detail) _____

(a) If leased, list name of landlord and tenant, and date of expiration, EXACTLY as they appear on the lease:

Landlord	Tenant	Expires
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Attach a diagram of the premises to be licensed and outline or designate the area (including dimensions) which shows the limited access areas, walls, partitions, entrances, exits and what each room shall be utilized for in this business. This diagram should be no larger than 8 1/2" X 11". (Doesn't have to be to scale)

Who, besides the owners listed in this application (including persons, firms, partnerships, corporations, limited liability companies, trusts), will loan or give money, inventory, furniture or equipment to or for use in this business; or who will receive money or profits from this business. Attach a separate sheet if necessary.

NAME	DATE OF BIRTH	FEIN OR SSN	INTEREST

Attach copies of all notes and security instruments, and any written agreement, or details of any oral agreement, by which any person (including partnerships, corporations, limited liability companies, etc.) will share in the profit or gross proceeds of this establishment, and any agreement relating to the business which is contingent or conditional in any way by volume, profit, sales, giving of advice or consultation.

Report And Approval Of Local Licensing Authority (CITY/COUNTY)

Date application filed with local authority	Date of local authority hearing (if held, for new license applicants; cannot be less than 30 days from date of application 12-43.3-302 (1) C.R.S.)
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THE LOCAL LICENSING AUTHORITY HEREBY AFFIRMS:

Yes No

- ☐ It has adopted an ordinance or resolution containing specific standards for license issuance prior to July 1, 2011 ☐ ☐
- ☐ Give citation of ordinance or resolution _____
- ☐ Has not adopted an ordinance or resolution and will be using minimum licensing requirements in 12-43.3-Part 3 C.R.S. ☐ ☐

The foregoing application, the premises, and business to be conducted have been examined. We do report that such license, if granted, will comply with the provisions of Title 12, Article 43.3, C.R.S. **THEREFORE, THIS APPLICATION IS APPROVED.**

Local Licensing Authority for		Telephone Number	<input type="checkbox"/> TOWN, CITY <input type="checkbox"/> COUNTY
Signature	Title	Date	
Signature (attest)	Title	Date	